STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

2/14/14 *[initials]*

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Fu	Pearl	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Controllers office

Division, Board, Department, District, if applicable
Executive

Your Position
Assistant Deputy Controller

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☒ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ___/___/___, through December 31, 2013.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

○ The period covered is January 1, 2013, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* _____

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended – Public Document)		Los Angeles	CA	90065

DAYTIME TELEPHONE NUMBER ▮▮▮▮▮

E-MAIL ADDRESS (OPTIONAL) ▮▮▮▮▮

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that th...

Date Signed **2/12/2014**
(month, day, year)

Signature ▮▮▮▮▮
(File the originally signed statement with your filing official.)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov